

DARE to be GREAT SUMMER PROGRAM Application

PLEASE PRINT

Name

Age

Sex

Date of Birth

Address

Phone Number

City

State

Zip Code

School Attended

Grade

Parent or Guardian

Employer

Work#

In case of emergency notify: _____

Daytime Phone Number: _____

I _____ agree to follow all rules and regulations concerning conduct and dress. Should I violate these rules I understand that I may be subject to expulsion from the program.

Please mark the camp you would like your child to attend with 1st, 2nd, 3rd, 4th and 5th choice. They can only attend one week of camp.

June 18th – 22nd _____

June 25th – June 29th _____

July 9th – July 13th _____

July 23rd - July 27th _____

July 30th – August 3rd _____

Transportation Needed ____yes ____no

****There will be a \$25.00 transportation charge** Make checks payable to Tigard Youth Association. Checks are non-refundable if you cancel. Send checks along with the application.**

DARE to be GREAT SUMMER PROGRAM

Accident Waiver Form

Participant Name _____

Date of Birth _____

Parents Name _____

Phone Number _____

Address _____

Business Phone _____

City _____

State _____

Zip _____

Daytime Phone# _____

List any and all physical/medical conditions, which may affect participation in any, DARE to be GREAT summer program physical activity. Please explain

List any medication participant is taking: _____

Family Doctor: _____ Address: _____

Phone number where doctor can always be reached: _____

1. _____ Home# _____ Work# _____

(Person to notify in parent/guardians absence)

2. _____ Home# _____ Work# _____

(Person to notify in parent/guardians absence)

PARENTS/LEGAL GUARDIAN

I, _____, release the Tigard Police Department and DARE to be GREAT Summer Program, from any and all liabilities or responsibilities pertaining to accidents, injuries, or complications resulting from activities, or while transporting participants.

I authorize the DARE to be GREAT Summer Program leadership to transport the above named participant to the nearest hospital in case of injury or suspected injury while the participant is involved in the DARE to be GREAT Summer Program Activity.

I authorize the hospital attending physician to administer necessary emergency professional medical care to the above names participant upon his/her arrival at the hospital.

Parents Signature _____ Date: _____

NOTE: This form must be completed and signed before the named participant can be assigned to the program.

**CITY OF TIGARD, OREGON
CONSENT FOR PHOTO
RELEASE OF LIABILITY FORM**



Photographs are taken during DARE to be GREAT Camp to be used in their memory books given to each student at the end of camp; also for the end of the week remembrance movie.

CHILD (UNDER 18)

I verify that I am a **parent or legal guardian** of _____ and I hereby consent to photograph or videotape taken of him/her by the City of Tigard which may be used in various ways for outreach, education and documentation purposes, without compensation. I understand this use could be in a brochure, shown at a public meeting, shown at a cable-aired meeting, provided as "snapshots" of events in the City Library Lobby, on the City's website and in many other venues.

I do hereby fully and completely release the City of Tigard, its officials, employees and agents from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of his/her photo being used by the City for outreach, education and documentation purposes.

By my signature below, I verify that I am the parent or legal guardian of my child/ward. I also agree to hold harmless, release and indemnify the City of Tigard, its officials and employees from all liability resulting from my consent to use his/her photo for the purposes stated above.

Signature of Parent/Legal Guardian

Date: _____

Child's Age: _____ Parent/Guardian Address: _____

City/State _____ Phone: _____ Email: _____

Date: _____

___ I do not wish to have my child photographed.

Signature of Parent/Legal Guardian

Date: _____